From:	So Kim
Sent time:	06/20/2018 03:55:33 PM
To:	Nathan Zweizig
Cc:	Teresa Takaoka
Subject:	FW: VH Property Corp Agreements
Attachments:	Liab_cityofranchopalosverdes_TrumpNationalGolf.pdf

Hi Nathan,
Please see attached Certificate of Insurance referenced in the Indemnification Agreement.

Sincerely,
So Kim, AICP
Deputy Director/Planning Manager
Community Development Department
City of Rancho Palos Verdes
www.rpvca.gov
(310) 544-5222

From: Jill Martin [mailto:jmartin@trumpnational.com]
Sent: Wednesday, June 20, 2018 3:54 PM
To: So Kim <SoK@rpvca.gov>
Subject: RE: VH Property Corp Agreements

Hi So,
Per your request, please see attached.

Thank you,

Jill A. Martin
Vice President & Asst. Gen. Counsel
The Trump Organization
c/o Trump National Golf Club Los Angeles
One Trump National Dr.
Rancho Palos Verdes, CA 90275
Tel: 310-303-3225
Fax: 323-282-3629

From: So Kim <SoK@rpvca.gov>
Sent: Thursday, June 14, 2018 10:00 AM
To: Jill Martin <jmartin@trumpnational.com>
Subject: FW: VH Property Corp Agreements

Hi Jill,
Please see attached.

Sincerely,
So Kim, AICP
Deputy Director/Planning Manager
Community Development Department
City of Rancho Palos Verdes
www.rpvca.gov
(310) 544-5222

From: Nathan Zweizig
Sent: Thursday, June 07, 2018 12:29 PM
To: So Kim <SoK@rpvca.gov>
Cc: Teresa Takaoka <TeriT@rpvca.gov>
Subject: VH Property Corp Agreements

So,
Please see attached, the two VH Property Corp (Indemnification & Reimbursement) Agreements. Can you please provide our office with the Certificate of Insurance referenced in the Indemnification Agreement? Being that Sherry (R&P) is out on vacation we have not been able to verify the contract in Laserfiche. Everything looked good to me, but if we notice anything when verified, we will let you know.

Thanks,

Nathan B. Zweizig

CITY OF RANCHO PALOS VERDES
Administrative Assistant
City Clerk's Office
30940 Hawthorne Blvd.
Rancho Palos Verdes, CA 90275
P: 310.544.5343
F: 310.544.5291

Do you really need to print this e-mail?

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Liab_cityofranchopalosverdes_TrumpNationalGolf.pdf

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
199 Water Street
New York NY 10038-3551 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** 800-363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Fire Ins. Co. of Hartford	20478
INSURER B:	Continental Casualty Company	20443
INSURER C:	Lloyd's Syndicate No. 2003	AA1128003
INSURER D:	American Casualty Co. of Reading PA	20427
INSURER E:		
INSURER F:		

INSURED
Trump National Golf Club Los Angeles
c/o The Trump Organization
725 Fifth Avenue, 26th floor
New York NY 10022 USA

COVERAGES **CERTIFICATE NUMBER:** 570071829139 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR X SIR $100,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / X PRO-JECT / X LOC OTHER:			GL2070997880 SIR applies per policy terms & conditions	05/30/2018	05/30/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Policy Aggregate	$2,000,000 $1,000,000 $25,000 $2,000,000 $4,000,000 $2,000,000 $10,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			6018423536	05/30/2018	05/30/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
C	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $25,000			CSUSA1801674	05/30/2018	05/30/2019	EACH OCCURRENCE AGGREGATE Prod. Comp. Ops. Agg.	$25,000,000 $25,000,000 $25,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC2070997796 (CA)	05/30/2018	05/30/2019	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $2,000,000 $2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 1 Ocean Trails Dr., Rancho Palos Verdes, CA. Certificate Holder, City, its elected and appointed officers, employees and agents are included as Additional Insured in accordance with the policy provisions of the General Liability and Auto Liability policies. General Liability and Auto Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Additional Insureds in accordance with the policy provisions of the General Liability, Auto Liability, and Worker's Compensation policies.

CERTIFICATE HOLDER

The City of Rancho Palos Verdes
30940 Hawthorne Blvd
Rancho Palos Verdes CA 90275-5391 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570071829139

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